

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.  
FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

2008 JAN 22 PM 4:42

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Swaim for House

**IMPORTANT:** Indicate by # type of committee you are reporting for:

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Kurt Swaim

Political Party (if applicable)

Democrat

Office Sought

State House

District (if Senate or House)

94

FORM

**DR-2** DISCLOSURE

(Rev. 07/2007) REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1357

S

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

R. Kurt Swaim  
SIGNATURE OF PERSON FILING REPORT

641-664-1983  
TELEPHONE

1/19/2008  
DATE SIGNED

I AM FILING A January 19, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$59.60

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

\$4530.00

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

\$1000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

\$5589.60

SUB-TOTAL..... \$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

\$ 305.21

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

\$4284.39

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 118.35

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$1000.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Swaim For House

**STATE CANDIDATES NOTE :** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MMDDYYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	- IF FOR FUND- RAISER INCOME
8/7/07	ID# CK#	Kelly Conrad 13533 Angle Road Ottumwa, Iowa 52501		\$ 50.00	
8/7/07	ID# CK#	Charles Lawson 1601 North Court Ottumwa, Iowa 52501		\$50.00	
8/7/07	ID# CK#	Marlene Sprouse 12 Bear Creek Estates Drive Ottumwa, Iowa 52501		\$50.00	
8/7/07	ID# CK#	Robert Morrissey 10768 Bladensburg Road Ottumwa, Iowa 52501		\$50.00	
8/7/07	ID# CK#	F. James Lindenmayer 819 E Alta Vista Ave Ottumwa, Iowa 52501		\$50.00	
8/21/07	ID# CK#	Thomas Rubel 2192 Port Talbot Place Coralville, Iowa 52241		\$50.00	
8/21/07	ID# CK#	Richard Allbee PO Box 436 Hampton, Iowa 50441		\$200.00	
8/21/07	ID# CK#	John Silko 22719 Monarch Trl Bloomfield, Iowa 52537		\$100.00	
8/21/07	ID# CK#	Steven Ackerson 1634 131 <sup>st</sup> Street Clive, Iowa 50325		\$100.00	
8/21/07	ID# CK#	Donald Wirtanen 202 North Madison Bloomfield, Iowa 52537		\$50.00	

SUB-TOTAL

\$ 750.00

**TOTAL (if last page of this schedule)**

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Swaim For House

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8/21/07	ID# 6067 CK# 3702	Iowa Health PAC #6067 6750 Westown Parkway # 100 West Des Moines, Iowa 50266		\$ 200.00	
8/27/07	ID# CK#	Fred Haskins 3801 Grand Avenue Des Moines, Iowa 50312		\$25.00	
8/27/07	ID# 6099 CK# 1119	Meredith Corporation Employees 1716 Locust Street Des Moines, Iowa 50309		\$100.00	
9/8/07	ID# CK#	Andrew Baumert 5068 Coachlight Drive West Des Moines, Iowa 50265		\$25.00	
9/8/07	ID# 6430 CK# 1530	Iowa Rural Water State Pac 4221 South 22 <sup>nd</sup> Avenue East Newton, Iowa 50208		\$100.00	
9/8/07	ID# ID# CK#	Judith Hoffman 3820 Quebec Street Ames, Iowa 5004		\$30.00	
9/8/07	ID# 6059 CK# 3014	Iowa Committee Of Automotive Retailers 1111 Office Park Road West Des Moines, Iowa 50265		\$150.00	
9/8/07	ID# 6070 CK# 3540	Iowa LawPac 521 East Locust Street Des Moines, Iowa 50309		\$200.00	
9/8/07	ID# 6046 CK# 4351	Justice For All PAC 218 6 <sup>th</sup> Street Ste 526 Des Moines, Iowa 50309		\$250.00	
9/8/07	6058 4078	Iowa Chiropractic Society PAC 1605 North Ankeny Blvd Ste 100 Ankeny, Iowa 50023	SUB-TOTAL <b>TOTAL (if last page of this schedule)</b>	\$100.00	

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\$ 1180
\$

familial relationship, enter "not applicable" in the relationship column.

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**  
*(Including candidate's personal funds)*

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*

Swaim For House

**STATE CANDIDATES NOTE :** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	→ IF FOR FUND- RAISER INCOME
9/11/07	ID# 6056 CK# 3646	Iowa Bankers Association (Build PAC) 8800 NW 62 <sup>nd</sup> Avenue Johnston, Iowa 50131		\$500.00	
9/25/07	ID# 6027 CK# 2626	Deere PAC Iowa 666 Grand Avenue, Suite 1707 Des Moines, Iowa 50309		\$250.00	
9/25/07	ID# 6077 CK# 1934	Iowa Pharmacy PAC 8515 Douglas, Suite 16 Des Moines, Iowa 50322		\$100.00	
10/17/07	ID# 6118 CK# 2472	Iowa Optometric Association PAC 1454 30 <sup>th</sup> Street, Suite 204 West Des Moines, Iowa 50266		\$200.00	
10/15/07	ID# 9739 CK# 1064	Iowa Harness Horseman's Assoc. PAC PO Box 107 Grinnell, Iowa 50112		\$150.00	
10/15/07	ID# 6059 CK# 3090	Iowa Committee of Automotive Retailers PAC 1111 Office Park Road West Des Moines, Iowa 50265		\$100.00	
10/20/07	ID# 1357 CK# 1398	Great Plains Laborers District Council Iowa PAC 5806 Meredith Drive Suite B Des Moines, Iowa 50322		\$300.00	
10/20/07	ID# 9758 CK# 1005	Laborers Local Union 566 PAC 1305 East Mary Street, Suite A Ottumwa, Iowa 52501		\$400.00	
12/17/07	ID# CK# 376041	United Food & Commercial Workers Int. Union 1775 K Street N.W. Washington, DC 20006-1598		\$500.00	
	ID# CK#	Thomas Floy 5946 Grouse Avenue Thornton, Iowa 50479-8797		\$100.00	

SUB-TOTAL

\$ 2600

**TOTAL (if last page of this schedule)**

\$ 4530

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FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Swaim For House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/4/07	ID# CK# 1129	Daily Iowegian 105 N. Main Centerville, Iowa 52544	Newspaper Subscription	\$38.00
8/28/07	ID# CK# 1131	United State Postal Service 202 West Jefferson Bloomfield, Iowa 52537	Postage for Certificates for campaign	\$58.00
9/6/07	ID# CK# 1132	United State Postal Service 202 West Jefferson Bloomfield, Iowa 52537	Postage for Certificates for campaign	\$62.80
9/13/07	ID# CK# 1133	Wal-Mart 1940 Venture Drive Otumwa, Iowa 52501	Parade Candy	\$27.41
9/13/07	ID# CK# 1134	Adam Phillips 5661 Fleur Drive Des Moines Iowa	Reimbursement for Fundraiser Expenses	\$55.00
9/28/07	ID# CK# 1135	Daily Iowegian 105 N. Main Centerville, Iowa 52544	Newspaper Subscription	\$64.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 305.21
TOTAL (if last page of this schedule)				\$ 305.21

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)



FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Swaim For House

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ \$1000.00

SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ \_\_\_\_\_

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

D \$ \$1000.00

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